

Emergency Hormonal Contraceptive | PGD Risk Assessment Form

Date: _____

Patient's personal details	
Title: Mr: <input type="checkbox"/> Miss: <input type="checkbox"/> Ms: <input type="checkbox"/> Mrs: <input type="checkbox"/> Dr: <input type="checkbox"/>	Patient Address:
First Name:	NHS No. (if known):
Last Name:	GP Name and Address:
Telephone:	GP Telephone (if known):
Gender: Female.	Would you like us to send a copy of this consultation to your GP? <input type="checkbox"/>
D.O.B: _____ Age: _____	

Patient's personal details			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Do you have any recent or past medical history of note?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take any medicines? Antacids? Contraceptives?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently taking any other medicines? (including any herbal remedies such as St.Johns Wort)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer from Bowel disease (e.g. Crohn's disease) or liver problems?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently suffer from vomiting or diarrhoea?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a serious reaction to ulipristal acetate (ellaOne) or levonorgestrel (Levonelle)?	<input type="checkbox"/>	<input type="checkbox"/>	

Sexual History			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Have you had unprotected sex within the last 120 hours (5 days)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had unprotected sex within the last 72 hours (3 days)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had unprotected sex earlier in this menstrual cycle?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a possibility you may be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	

Your last menstrual period...			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Was your last period late, longer/shorter or unusual in any way?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you already taken Levonelle or ellaOne since your last period?	<input type="checkbox"/>	<input type="checkbox"/>	

Further information about ulipristal acetate (ellaOne)...			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Do you understand that if you vomit within 3 hours, another dose is required? You will need to come back or visit your doctor.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you understand that If your next period is >3 days late or different in any way you should visit your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
Unprotected sex can lead to sexually transmitted diseases (STIs) do would you like further counseling?	<input type="checkbox"/>	<input type="checkbox"/>	

Write below any further information which may be relevant e.g. medicines taking, conditions, concerns...

Confidential sexual health patient help lines
FPA (formerly the Family Planning Association) national helpline – 0845 3101334 Sexual Health Line – 0800 567 123 Brook Clinic – 0800 0815023 or www.brook.org.uk Sexwise – 0800 282930 or http://www.maketherightdecision.co.uk

If you vomit within 3 hours of taking the tablet, the EHC may not have worked, you will need to return or talk to your doctor.

For Official Use

This form is intended to be used per supply. For additional supplies to the same patient a new form will be needed.

Product: [Levonelle] or [ellaOne] delete as appropriate

Date	Possible Pregnant*	Referral Required?	Directions	Pharmacist	Signature
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see below.	<i>Take immediately</i>		

Reason for referral:

*Referral to a suitably qualified clinician is required.

Missed Pill Advice

Combined oral contraceptive pills (21 active tablets)	If three or more 30–35 microgram ethinylestradiol or two or more 20 microgram ethinylestradiol pills have been missed in the first week of pill-taking (i.e. days 1–7) and UPSI occurred in Week 1 or the pill-free week.
Progestogen-only pills	If one or more progestogen-only pills (POPs) have been missed or taken >3 hours late (>12 hours late for Cerazette®) and UPSI has occurred before a further two pills have been taken appropriately.
Intrauterine contraception	If complete or partial expulsion is identified or mid-cycle removal of an IUD/IUS is deemed necessary and UPSI has occurred in the last 7 days.
Progestogen-only injectables	If the contraceptive injection is late (>14 weeks from the previous injection for medroxyprogesterone acetate or >10 weeks for norethisterone enantate) and UPSI has occurred within the last 120 hours.
Transdermal contraception - Evra® Patch	More than 2 days late starting first patch of new pack and has UPSI in week one or the prior patch free week. 7 days late starting third patch of pack, no EHC needed but omit patch free week. If more than 9 days late starting second/third patch, count as UPSI. Up to 7 days late starting second patch, no EHC needed.

Additional Advice

STIs	<input type="checkbox"/>	Barrier Contraceptives	<input type="checkbox"/>	Sexual health help lines	<input type="checkbox"/>
Efficacy	<input type="checkbox"/>	Oral Contraceptives	<input type="checkbox"/>	IUD discussed	<input type="checkbox"/>

PATIENT CONSENT

I have received information on the risks and benefits of the medicines recommended and fully understand them. I have also had the opportunity to ask questions. I consent to the recommended medicines being given at each appointment*.

Patient Name / signature / / **Date**.....

Do you consent for our pharmacy and/or our authorising medical agency to contact you regarding customer satisfaction? Yes / No

PHARMACIST AGREEMENT

I have consulted the specific PGD which enables me to supply the listed medicine and have found that the patient is included in treatment and there are no valid exclusions applicable. I have given the patient information on the risks and benefits of the medicines recommended and have done my utmost to ensure the patient fully understands them. I have also given the patient the opportunity to ask questions. This will be carried out at each appointment.

Pharmacist Name / signature / / **Date**.....